

CHANGE OF ADDRESS FORM

Complete and Return the Form to the Following Address

Type or print using black ink and fill in the appropriate circles. Return the completed form to:

Sharon Minniefield, Licensure Specialist
Kentucky Board of Nursing
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172

Type of Change Needed

○ Address Change

Kentucky Revised Statute 314.107 and Kentucky Administrative Regulation 201 KAR 20:370, Section 1(11), requires a licensee to notify the Board upon establishment of a new mailing address.

For Identification, Provide the Following Information

Nursing License #

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Social Security #
$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Daytime Phone # (include area code)

Signature

Signature _____

Date

Name and Address as it Should Appear on File

Last Name

[illegible]

First Name

[illegible]

Middle Name

[illegible]**Maiden Name**[illegible]

Street Address

[illegible]

City

[illegible]

State

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Zip Code

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County

[illegible]